



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**COORDINATED CARE PROVIDER AGREEMENT
HEALTHY CONNECTIONS ACCESS PLUS
ADDENDUM B – TIER II
(per service location)**

Pay To: Organization Ownership Name (must match the name associated to the Tax ID Number provided below): _____

Mail to: Organization Ownership Address: _____

Organization NPI Number: _____

Tax ID Number: _____

Clinic/Practice Name: _____

Address of Location: _____

Effective Date: _____

Note: This addendum does not supersede or negate the requirements contained in your Idaho Department of Health and Welfare (IDHW) Coordinated Care Provider Agreement and/or your Medicaid Provider Agreement.

COMPLIANCE- Tier II

The clinic shall provide services in accordance with all applicable federal and state laws, rules, and regulations governing the reimbursement of services and items under Medicaid in Idaho, including but not limited to *IDAPA 16.03.09, Sections 560-566*. The clinic further understands that services are subject to recoupment as defined in *IDAPA 16.05.07*. The clinic/practice site requirements for Idaho Medicaid Healthy Connections Program are specified in *IDAPA 16.03.09, Sections 560-566*.

The organization affirms it shall comply with each requirement at all times during the term of this agreement:

- Each primary care provider within the clinic/practice service location shall participate in the Healthy Connections Program
- The Healthy Connections Clinic/Practice demonstrates enhanced access to care by meeting one of the following:
 - The clinic/practice shall offer a minimum of forty-six (46) hours per week of access to primary care for participants
 - The clinic/practice shall meet the extended hours requirement at a nearby service location with the same organization and have shared electronic medical records
 - The clinic/practice shall have available a patient portal with the following functionality:
 - i. Offer two-way communication with provider response expectation outlined in policy and procedures
 - ii. Ability to schedule appointments
 - iii. Ability to request medication refills
 - iv. One of the following optional features:
 - 1. Access to lab results
 - 2. Access to imaging results
 - 3. Access to visit summaries
 - The clinic shall offer Telehealth services resulting in expanded access to primary and specialty care for Healthy Connections participants
 - Other enhanced access to care options - to be approved by the Department

IDAHO MEDICAID HEALTHY CONNECTIONS ACCESS PLUS TIER II PRIMARY CARE CASE MANAGEMENT FEE

Effective February 1, 2016 the Primary Care Case Management Fee paid to Healthy Connections Access Plus Tier II Providers shall be:

- \$3.00 per member per month for enrollees in the Basic Benefit Plan
- \$3.50 per member per month for enrollees in the Enhanced Benefit Plan

This addendum may be terminated for convenience purposes by either party with a 60-day written notice. Additionally, it may be terminated immediately for cause without written notification. "For cause" may include, but is not limited to, failure to fulfill the program requirements or to complete the reporting requirements of the Healthy Connections Program.